

APPLICATION TO RIGHTS COMMISSIONER

UNFAIR DISMISSALS ACTS 1977 - 1993

(PLEASE USE BLOCK CAPITALS)

EMPLOYEE'S DETAILS

COMPANY/EMPLOYER'S DETAILS
(Full legal name: if in doubt consult your P45/P60)

Name: _____

Name: _____

Address:

Address:

Tel: _____

Tel: _____

E-Mail: _____

E-Mail: _____

Job Title: _____

N.B.: IS YOUR EMPLOYER AWARE THAT YOU ARE BRINGING THIS DISPUTE TO A RIGHTS COMMISSIONER? YES__ NO__

Name and Address of your Representative (if any):

DATE ON WHICH THIS EMPLOYMENT BEGAN: ___/___/___

DATE OF DISMISSAL: ___/___/___

PAY PER WEEK (including benefits and regular overtime):

€ _____ **GROSS**

€ _____ **TAKE HOME**

REDRESS SOUGHT (re-instatement, re-engagement, or compensation):

HAVE YOU TAKEN UP NEW EMPLOYMENT SINCE YOUR DISMISSAL?

YES ___ NO ___

IF YES, WHEN:

___/___/___

AT WHAT RATE OF PAY?:

€_____ per week

THE GROUNDS OF MY CLAIM ARE AS FOLLOWS:

EMPLOYEE'S SIGNATURE: _____

DATE: ___/___/___

PLEASE NOTE THAT A COPY OF THIS FORM WILL BE FORWARDED TO YOUR EMPLOYER.